



BARBARA K. CEGAVSKE
Secretary of State
Elections Division
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RECEIVED

JAN 15 2016 *LM*

SECRETARY OF STATE
ELECTIONS DIVISION

#2458

State of Nevada
**Committee for Political Action
(PAC)**
Registration Form
Page 1

ABOVE SPACE IS FOR OFFICE USE ONLY

☐ New Registration ☐ PAC (Advocating Passage or Defeat of a Ballot Question)

☒ Annual (Due on or before January 15th of each year; NRS 294A.230(4)(b))

☐ Amended Registration: ☐ Change Officers ☐ Change Registered Agent ☐ Change Address
check all that apply

☐ Change Name ☐ Previous Name of PAC

☐ Other:

Name of Committee:

Nevada Strong

Telephone:

702-281-5938

Mailing Address:

10120 W. Flamingo Rd., Suite 4162
Street Name, Number

Las Vegas
City

NV 89147
State Zip Code

PAC Active Email Address:

PURPOSE: Briefly state the purpose for which the PAC was organized.
To support candidates for public office in Nevada.

REGISTERED AGENT: pursuant to NRS 294A.240, each PAC must appoint and keep in the State a registered agent, as provided in NRS 14.020, who must be a natural person who resides in the State of Nevada.

Name of Registered Agent:

Steve Yeager

Telephone:

702-281-5938

Physical Address:

9997 Shady Glade Ct.
Street Name, Number

Las Vegas
City

NV 89148
State Zip Code

REGISTERED AGENT ACCEPTANCE: I hereby accept appointment as Registered Agent for the above-named Committee for Political Action.

X

Signature of Registered Agent

Date:

1/13/2016



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OFFICERS: List the name, title, address and telephone number of each officer (attach additional pages if necessary).

Officer Name and Title: Telephone:
Steve Yeager, President 702-281-5938

Mailing Address: NV 89147
10120 W. Flamingo Rd., Suite 4162 Las Vegas State Zip Code
Street Name, Number City

Officer Name and Title: Telephone:

Mailing Address: State Zip Code
Street Name, Number City

Officer Name and Title: Telephone:

Mailing Address: State Zip Code
Street Name, Number City

Officer Name and Title: Telephone:

Mailing Address: State Zip Code
Street Name, Number City

AFFILIATIONS: If the PAC is affiliated with any other organizations, list the name, address and telephone number of each organization (please attach additional pages if necessary).

Name of Organization: Telephone:

Mailing Address: State Zip Code
Street Name, Number City

Name of Organization: Telephone:

Mailing Address: State Zip Code
Street Name, Number City

Name of Organization: Telephone:

Mailing Address: State Zip Code
Street Name, Number City

SUBMITTED BY: Printed Name: Date: Telephone:
X Steve Yeager 1/13/2016 702-281-5938

Signature of Representative of Group